DOCUMENT RESUME

ED 314 670 CG 022 204

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TITLE Should Master's Level Training To Provide Rural Services Survive?
PUB DATE Aug 89
NOTE 10p.; Paper presented at the Annual Meeting of the American Psychological Association (97th, New Orleans, LA, August 11-15, 1989).
PUB TYPE Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Health Needs; Masters Degrees; *Mental Health Programs; *Older Adults; *Paraprofessional Personnel; *Psychological Services; Psychologists; Public Policy; Resource Allocation; Rural Areas; *Rural Population; Rural Urban Differences
IDENTIFIERS National Institute of Mental Health; Pennsylvania; Reagan Administration

ABSTRACT

Despite recent efforts to encourage federal funding of psychological services for underserved populations such as the elderly and residents of rural areas, ample evidence suggests that rural areas are underserved by psychologists. Drawing on data from rural and urban areas in Pennsylvania, this paper argues that master's level training can provide a means for filling significant gaps in psychological services, especially in rural areas, which are not currently filled by doctoral-level providers. Despite the profession's opposition to subdoctoral training for practitioners, the National Institute of Mental Health in the mid-1980s supported several master's programs with specific rural training goals, but such funding was terminated by the Reagan Administration. As a consequence, the present trends in both federal policy and the training and licensing of psychologists will lead to a large number of rural areas lacking access to even minimum levels of psychological services. The psychological profession should therefore recognize and support various levels of complementary psychological functions, so that appropriately supervised high quality psychological services could more readily be provided to rural communities. (References are included.) (TE)

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This paper was prepared for presentation during the Annual Convention of the American Psychological Association, August 10-15, 1989, New Orleans, LA. For a copy, contact the author at Department of Psychology, Mansfield University, Mansfield, PA 16933.

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Should Master's Level Training to Provide Rural Services Survive?

The Need for Rural Psychologists

Although the role of psychologists in reaching various underserved populations, such as the elderly and people living in rural areas, has been cited with increasing frequency in recent efforts to encourage support of Federal funding of psychological services (cf., Buie, 1989), there still exists ample evidence that rural areas are underserved by psychologists. Interestingly, a recent article in the NASW News also claimed the rural domain for social workers. Ironically, it would appear that the needs of rural people have suddenly been more widely noted by the mental health professions as competition for reimbursement has become more intensely politicized.

Bringing data to bear on the issue, Sladen and Mozdzierz (1989) recently reported on the distribution of psychologists listed in the 1970 and 1981 editions of the APA Directory and discovered that, despite apparently dramatic increases in the numbers of psychologists in nonmetropolitan areas, rural areas remain underserved in relation to metropolitan areas. They also found that the problem of rural areas being underserved by psychologists held in all regions of the country.

Pennsylvania makes an interesting prototype for studying the distribution of professionals because it is both a major metropolitan state and the state with the largest rural population. In a recent

unpublished examination of the distribution of psychologists and psychiatrists in Pennsylvania, my colleague Dennis Murray (1989) found a relationship between the distribution of both psychologists psychiatrists and the type of county, rural counties having the lowest per capita density of both professions. He further found that population density and per capita income were positively related to the distribution of both types of professionals. The state as a whole had .311 psychologists and .167 psychiatrists per thousand population. By contrast, rural counties had .125 psychologists and .054 psychiatrists per thousand population. It should be noted that the rural figure for psychiatrists is presumably inflated by the presence of state psychiatric hospitals in a number of rural counties, and the rural figure for psychologists may be inflated by a large number of colleges that exist in rural areas. It should also be noted that the number of psychologists in Pennsylvania also includes a significant proportion of master's level professionals who were eligible for licensure until a recent change in the licensing law. At present Murray is examining the impact of having fewer psychologists in rural areas on the availability and quality of services in a multistate area that includes Pennsylvania and adjoining states.

The Current Status and Training of Master's Level Psychologists

A recent survey of state licensing laws and membership requirements of state psychological associations describes the legal and professional status of master's level psychologists (Dale, 1989). The author's survey found that individuals with a master's degree can presently be licensed fully in only three states, while 14 others make

provisions for some form of limited licensure. Full membership in state associations is available to master's level practitioners in 14 of 50 states and Washington, DC. Most other states provide some form of associate membership for this group of individuals. As a rule, it would seem that this group receives some form of recognition at the state level but is excluded from full participation in the profession. In many instances there are open and sometimes bitter disputes about roles that master's level practitioner's should play in service delivery.

Yet, as Dale (1988) reports, 400 psychology programs award master's degrees to students annually. The graduates from master's level programs continue to find employment that seems appropriate to their training or gain entry to doctoral programs, depending on their interests (cf., Quereshi & Kuchan, 1988). Further, there are few indications the programs that train such individuals will disappear in the future. In fact, quite the opposite seems true as the Council of Applied Masters Programs in Psychology (CAMPP) plans a 1990 National Conference on Master's Level Training and explores standards for master's programs--an area that APA has consciously ignored. Thus, master's level training is alive and thriving despite efforts to thwart this enterprise. The reason, I believe, is that such training fills a need to prepare students for advanced graduate study and to fill significant gaps in psychological services which for various reasons are unfilled by doctoral-level providers.

Elsewhere I have described programs in the United States that have continued to train master's level psychologists specifically for work in rural settings (Keller, 1988). And despite the profession's generally

stated opposition to subdoctoral training for practitioners, NIMH in the mid 1980s supported several master's programs with specific rural training goals (Schneider, 1982). Such funding was terminated with the advent of the Reagan administration.

Delivery of Rural Services

There has existed for some time evidence that many of the psychological services in rural public mental health facilities are provided by master's level clinicians (Hollingsworth & Hendrix, 1977). At the same time, recent data from the National Council of Community Mental Health Centers indicates that psychologists are in a distinct minority among the service providers in mental health centers. It is these mental health centers that largely serve rural communities. At least on the surface, it seems that many public facilities do not want, or cannot afford, to hire doctoral-level psychologists. This presents a particular problem for rural areas where psychologists are already in short supply. Reading between the lines, one might ask if psychologists will in the future even be a part of the services delivered to rural and other underserved populations, or whether they will be mainly grazing in greener pastures of reimbursement.

My personal belief is that present trends, which include (a) the tendency of highly trained professionals to seek culturally stimulating communities that offer higher levels of reimbursement for services, (b) the growing dominance of managed health care, and (c) the willingness of many small communities to settle for services of lesser quality, will lead to a situation where a large number of rural areas lack access to even minimal levels of psychological services. If this pessimistic prediction

is correct, one must ask whether there are alternatives to the present and emerging approaches to psychological service delivery.

Extending Psychological Services

I believe that psychological services are a critical part of any effort to aid those with mental health problems. The thought of mental health service delivery without psychology is abhorrent; yet this is the possibility I see. We have engineered the problem ourselves with an elitist and exclusive approach to training and licensing. Our efforts to clone the independent medical practice have contributed to psychologists largely ignoring underserved populations. As a young profession attempting to gain parity with medicine, we have also established professional criteria that make it difficult to serve the public sector that is least able to pay. We have claimed that to provide almost any aspect of psychological services, a doctoral degree is required. I believe this is a self-serving assumption that, in fact, has no evidence to support it. This assumption interferes with our ability to help ensure that all citizens have access to competent psychological services.

The medical profession has long depended on the complementary support of others, including nurses with various specialities, nurse practitioners, technicians with specialized training, and physicians assistants, to provide adequate medical services. I would argue that psychology could and should do the same by recognizing and supporting various levels of complementary psychological functions. By doing so, appropriately supervised psychological services of high quality could more readily be provided to many who must presently do without

psychological assessment or intervention. By ignoring this issue, we contribute to inefficiency and unnecessary gaps in service. We also miss opportunities for more innovative and community oriented services.

This leads to the question of whether psychology should encourage the training of subdoctoral professionals for situations where it can be demonstrated that psychological services are lacking and unlikely to be provided without exceptional measures. I would argue that many public rural mental health agencies fall into this category. As medicine has effectively used physicians assistants and nurse practitioners, psychology should encourage and support the training and placement of psychological assistants or associates who would operate under supervision.

Psychology may be unique in its position of being able to ensure some minimal background in necessary theory and basic research through an undergraduate level major in field. This creates a significant talent pool of individuals who can be trained at the bachelor's or master's level to assist in providing psychological services. I am presuming that those with predoctoral training would primarily work in public facilities that might not otherwise include access to psychological services. I am also assuming that many middle-level practitioners would be more willing than doctoral-level practitioners to work in rural or other underserved settings (cf., Keller, 1982).

There is, of course, nothing novel or creative in my observations--I am simply arguing that psychology is missing an opportunity to recognize and use a wide range of already existing options to extend psychological services. By accepting and fostering

these options we would help to ensure the quality of services in a way not presently available. We would recognize 400 graduate programs which we would presently like to deny exist and train professionals for the mental health system. Finally, we would help ensure that underserved populations have access to higher quality services.

One risk of moving in this direction is that we may create a hierarchical profession with a range of repressive features many of us would find problematic. This would have to be recognized and dealt with directly. But it seems better than the road we have taken, which I believe is ultimately destructive to the goal of delivering high quality psychological services to all who need them.

I have not directly addressed the question of appropriate training models. However, I believe that a number of effective models for middle-level training presently exist and are discussed in the literature. Other models will evolve as groups such as CAMPT develop. My hope is that psychology will generally give these issues a more positive hearing.

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